

107TH CONGRESS
2^D SESSION

S. 1931

To amend title XVIII of the Social Security Act to improve patient access to, and utilization of, the colorectal cancer screening benefit under the medicare program.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 11, 2002

Mr. LIEBERMAN (for himself, Ms. COLLINS, Mr. TORRICELLI, Ms. SNOWE, and Mr. COCHRAN) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to improve patient access to, and utilization of, the colorectal cancer screening benefit under the medicare program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Colon Cancer Screen
5 for Life Act of 2002”.

6 **SEC. 2. SENSE OF CONGRESS.**

7 It is the sense of Congress that—

8 (1) colorectal cancer screening tests (as defined
9 in section 1861(pp) of the Social Security Act (42

1 U.S.C. 1395x(pp)) covered under the medicare pro-
2 gram have been severely underutilized, with the
3 Comptroller General of the United States reporting
4 in 2000 that since coverage of such tests was imple-
5 mented, the percentage of beneficiaries under the
6 medicare program receiving either a screening or a
7 diagnostic colonoscopy has increased by only 1 per-
8 cent;

9 (2) the Centers for Medicare & Medicaid Serv-
10 ices should encourage health care providers to use
11 more effective screening and diagnostic health care
12 technologies in the area of colorectal cancer screen-
13 ing;

14 (3) in recent years, the Centers for Medicare &
15 Medicaid Services has subjected colorectal cancer
16 screening tests to some of the largest reimbursement
17 reductions under the medicare program;

18 (4) unlike other preventive screening tests cov-
19 ered under the medicare program, health care pro-
20 viders must consult with beneficiaries prior to fur-
21 nishing a screening colonoscopy in order to—

22 (A) ascertain the medical and family his-
23 tory of the beneficiary; and

1 (B) inform the beneficiary of preparatory
2 steps that must be taken prior to the procedure;
3 and

4 (5) reimbursement under the medicare program
5 is not currently available for the consultations de-
6 scribed in paragraph (4) despite the fact that reim-
7 bursement is provided under such program for simi-
8 lar consultations prior to a diagnostic colonoscopy.

9 **SEC. 3. INCREASE IN REIMBURSEMENT FOR COLORECTAL**
10 **CANCER SCREENING AND DIAGNOSTIC**
11 **TESTS.**

12 (a) IN GENERAL.—Section 1834(d) of the Social Se-
13 curity Act (42 U.S.C. 1395m(d)) is amended by adding
14 at the end the following new paragraph:

15 “(4) ENHANCED PAYMENT FOR COLORECTAL
16 CANCER SCREENING AND DIAGNOSTIC TESTS.—

17 “(A) NONFACILITY RATES.—Notwith-
18 standing paragraphs (2)(A) and (3)(A), the
19 Secretary shall establish national minimum pay-
20 ment amounts for CPT codes 45330, 45378,
21 45380, 45385 and HCPCS codes GO104,
22 GO105, GO106, GO107, GO120, and GO121
23 for items and services furnished during the last
24 6 months of 2002 and in subsequent years
25 which reflect a 10 percent increase above the

1 relative value units in effect as the nonfacility
2 rates for such codes in 2001, with such revised
3 payment level to apply to items and services
4 performed in a nonfacility setting, provided,
5 however, that such setting is consistent with
6 quality care, sound medical judgment, and pre-
7 vention of potential complications.

8 “(B) FACILITY RATES.—Notwithstanding
9 paragraphs (2)(A) and (3)(A), the Secretary
10 shall establish national minimum payment
11 amounts for CPT codes 45330, 45378, 45380,
12 45385 and HCPCS codes GO104, GO105,
13 GO106, GO107, GO120, and GO121 for items
14 and services furnished during the last 6 months
15 of 2002 and in subsequent years which reflect
16 a 30 percent increase above the relative value
17 units in effect as the facility rates for such
18 codes in 2001, with such revised payment level
19 to apply to items and services performed in a
20 facility setting.

21 “(C) ANNUAL ADJUSTMENTS.—In the case
22 of items and services furnished on or after Jan-
23 uary 1, 2003, the payment rates described in
24 subparagraphs (A) and (B) shall, subject to the
25 minimum payment amounts established in such

1 subparagraphs, be adjusted annually as pro-
2 vided in section 1848.”.

3 (b) **EFFECTIVE DATE.**—The amendment made by
4 this section shall apply to items and services furnished on
5 or after July 1, 2002.

6 **SEC. 4. MEDICARE COVERAGE OF OFFICE VISIT OR CON-**
7 **SULTATION PRIOR TO A SCREENING**
8 **COLONOSCOPY OR IN CONJUNCTION WITH A**
9 **BENEFICIARY’S DECISION TO OBTAIN SUCH A**
10 **SCREENING.**

11 (a) **COVERAGE.**—Section 1861(s)(2) of the Social Se-
12 curity Act (42 U.S.C. 1395x(s)(2)) is amended—

13 (1) in subparagraph (U), by striking “and” at
14 the end;

15 (2) in subparagraph (V), by inserting “and” at
16 the end; and

17 (3) by adding at the end the following new sub-
18 paragraph:

19 “(W) an outpatient office visit or consultation
20 for the purpose of beneficiary education, assuring se-
21 lection of the proper screening test, and securing in-
22 formation relating to the procedure and sedation of
23 the beneficiary, prior to a colorectal cancer screening
24 test consisting of a screening colonoscopy or in con-
25 junction with the beneficiary’s decision to obtain

1 such a screening, regardless of whether such screen-
2 ing is medically indicated with respect to the bene-
3 ficiary;”.

4 (b) PAYMENT.—

5 (1) IN GENERAL.—Section 1833(a)(1) of the
6 Social Security Act (42 U.S.C. 1395l(a)(1)) is
7 amended—

8 (A) by striking “and” before “(U)”; and

9 (B) by inserting before the semicolon at
10 the end the following: “, and (V) with respect
11 to an outpatient office visit or consultation
12 under section 1861(s)(2)(W), the amounts paid
13 shall be 80 percent of the lesser of the actual
14 charge or the amount established under section
15 1848”.

16 (2) PAYMENT UNDER PHYSICIAN FEE SCHED-
17 ULE.—Section 1848(j)(3) of the Social Security Act
18 (42 U.S.C. 1395w-4(j)(3)) is amended by inserting
19 “(2)(W),” after “(2)(S),”.

20 (3) REQUIREMENT FOR ESTABLISHMENT OF
21 PAYMENT AMOUNT UNDER PHYSICIAN FEE SCHED-
22 ULE.—Section 1834(d) of the Social Security Act
23 (42 U.S.C. 1395m(d)), as amended by section 3, is
24 amended by adding at the end the following new
25 paragraph:

1 “(5) PAYMENT FOR OUTPATIENT OFFICE VISIT
2 OR CONSULTATION PRIOR TO SCREENING
3 COLONOSCOPY.—With respect to an outpatient office
4 visit or consultation under section 1861(s)(2)(W),
5 payment under section 1848 shall be consistent with
6 the payment amounts for CPT codes 99203 and
7 99243.”.

8 (c) EFFECTIVE DATE.—The amendments made by
9 this section shall apply to items and services provided on
10 or after July 1, 2002.

11 **SEC. 5. WAIVER OF DEDUCTIBLE FOR COLORECTAL CAN-**
12 **CER SCREENING TESTS.**

13 (a) IN GENERAL.—The first sentence of section
14 1833(b) of the Social Security Act (42 U.S.C. 1395l(b))
15 is amended—

16 (1) by striking “and” before “(6)”; and

17 (2) by inserting before the period at the end the
18 following: “, and (7) such deductible shall not apply
19 with respect to colorectal cancer screening tests (as
20 described in section 1861(pp)(1))”.

21 (b) CONFORMING AMENDMENTS.—Paragraphs
22 (2)(C)(ii) and (3)(C)(ii) of section 1834(d) of the Social
23 Security Act (42 U.S.C. 1395m(d)) are each amended—

24 (1) by striking “DEDUCTIBLE AND” in the
25 heading; and

1 (2) in subclause (I), by striking “deductible or”
2 each place it appears.

3 (c) **EFFECTIVE DATE.**—The amendment made by
4 this section shall apply to items and services furnished on
5 or after July 1, 2002.

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